



Community Development Department  
4001 W River Pkwy NW, Suite 100  
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## Zoning Certificate Application

Zoning Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Number Street City/State Zip

Applicant: ☐ Owner ☐ Contractor ☐ Other (describe) \_\_\_\_\_

Project Description: \_\_\_\_\_

### PROPERTY OWNER

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First MI Work / Residence  
Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Number Street  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail: \_\_\_\_\_

I hereby apply for a Zoning Certificate, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of the City of Rochester and with the Minnesota Building Codes; that I understand this is not a permit, but only an application for a zoning certificate, and work is not to start without approval; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

### ZONING REVIEW

Site Plan \_\_\_\_\_ Zoning District \_\_\_\_\_  
Surveyor's Certificate \_\_\_\_\_ Flood District \_\_\_\_\_  
Flood Protection Required \_\_\_\_\_ Flood Protection Elev. \_\_\_\_\_  
Comments \_\_\_\_\_  
Zoning Administrator \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ROCHESTER BUILDING SAFETY DEPARTMENT

\*\*\* Required information prior to submitting application to Planning Dept. \*\*\*

No Comments (initial inside 1 of the boxes)

Building Permit Required

Comments \_\_\_\_\_